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Abstract

Registered nurses and other health personnel have contributed significantly to the delivery of health care in the area of pediatrics but generally physicians have retained for themselves the responsibilty of providing child health supervision, diagnosing disease, determining therapy, and providing counsel in behavioral problems. A survey of the office practices of Fellows of the American Academy of Pediatrics indicated that a large proportion of practicing Academy Fellows were performing technical and clerical tasks that could be shared with assistants. The Academy, therefore, takes the official position that a physician may delegate appropriate portions of health examinations of health care to properly trained and supervised individuals. It is recommended that the Academy develop guidelines for the training of: (1) pediatric nurse associates--colleague practitioners for sharing in the personal care of patients, (2) pediatric office assistants--persons who would carry out the delegated tasks involving skills in which they have been trained and are certified, and (3) pediatric aides--persons having little or no formal training who, under supervision, would carry out defined routine tasks of a nonskilled nature. (JK)

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ALLIED HEALTH WORKERS IN PEDIATRIC PRACTICE

One of the stated purposes of the American Academy of Pediatrics is to "establish and maintain the highest possible standards for pediatric education, pediatric practice, and research." The Academy has concerned itself with education of physicians in the past. It is now important that it state its position concerning the development of programs to train personnel other than physicians.* It believes that such personnel, working as members of a health team headed by a physician, can provide better child health care to more children than the physician working alone.

It has been common practice for many years for physicians to personally train the assistants who work in their offices. Such assisting personnel become experienced in conducting many of the common and repetitive office tasks. They have often become trusted associates and considered necessary for the successful operation of the physicians office.

In many but not all instances, these assistants have been registered nurses. These nurses and other allied health personnel have contributed significantly to the delivery of health care.

As a result of their education and training, nurses have a knowledge about disease and an understanding of interpersonal relationships. They have been indoctrinated in matters related to professional ethics and have had training in therapeutic procedures. Nurses have found that the advantages of serving as physicians' office associates include regular hours and job satisfaction in being respected and important persons to the patients and the doctors. The arrangement of nurses serving as physicians' office associates has also been

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* *An interminable and confusing number of definitions of nonphysician pediatric personnel has appeared in recent years. Recognizing an inability to perfectly define the divisions and distinction of persons sharing in the care of the child patient, personnel has been grouped by the American Academy of Pediatrics into three categories: Pediatric Nurse Associates, Pediatric Office Assistants, and Pediatric Aides ("office" is construed to all nonhospital activity under general direction of physicians).*

Pediatric Nurse Associates are colleague or companion practitioners with training sufficient to have the ability to share in the personal care of patients.

Pediatric Office Assistants are persons with formal training who, under supervision, carry out the delegated tasks of skills in which they are trained and certified. This will include some personal care. The Licensed Practical Nurse with special pediatric training will be included in this category.

Pediatric Aides are defined as persons having little or no formal training who, under supervision, carry out defined routine tasks of a nonskilled nature.

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satisfactory for patients, who understand and accept a nurse as an informed and trusted member of the health team.

Nonnursing pediatric office assistants and licensed practical nurses have conducted many office tasks: weighing and measuring babies, giving immunizations, helping with the telephone, establishing pleasant relationships with mothers, and providing interpretation and follow-up instructions.

Almost without exception, physicians have retained for themselves the responsibility of providing child health supervision, diagnosing disease, determining therapy, and providing counsel for behavioral problems. Part of the reason for this division of professional responsibilities has been legal, but the major reason has been custom or common practice.

There is no doubt that this division of responsibilities has resulted in superior infant and child health supervision and care. But there is also no doubt that highly trained physicians have had to spend a great deal of time in matters related to child health supervision and management which can be more appropriately handled by other members of the health care team.

The lack of sufficient physicians to provide child health care requires that methods of providing care be reviewed. The Academy is aware that "nursing shortages" based on job vacancies also exist. However, it is also convinced that registered nurses are often inappropriately used in present pediatric office practice and that many tasks now performed by the pediatric office nurse can be performed by other health personnel.

The American Academy of Pediatrics, through its Council on Pediatric Practice and its Committee on Pediatric Manpower, is concerned with current pediatric office practice. The Committee conducted a survey of the office practices of Fellows of the American Academy of Pediatrics [1-4]

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1. A Survey of Allied Health Worker Utilization in Pediatric Practice in Massachusetts and in the United States. Alfred Yankauer, M.D., John P. Connelly, M.D., and Jacob J. Feldman, Ph.D., PEDIATRICS, Vol. 42, No. 5, Pages 733-742, 1968.

2. A Survey of Allied Health Worker Utilization in Pediatric Practice. Report to the American Academy of Pediatrics, Alfred Yankauer, M.D., John P. Connelly, M.D., and Jacob J. Feldman, Ph.D., October 1968.

3. Pediatric Practice in the United States with Special Attention to Allied Health Worker Utilization. Alfred Yankauer, M.D., John P. Connelly, M.D., and Jacob J. Feldman, Ph.D., PEDIATRICS Supplement, in press.

4. Task Performance and Task Delegation in Pediatric Office Practice. Alfred Yankauer, M.D., John P. Connelly, M.D., and Jacob J. Feldman, Ph.D., AMERICAN JOURNAL OF PUBLIC HEALTH, accepted for publication.

which indicated that a high proportion of practicing Academy Fellows were performing patient care tasks which they felt could and should be delegated to other health personnel. Furthermore, the survey revealed that a high proportion of pediatric office nurses were performing technical and clerical tasks that could be shared with assistants. It also documented the fact that the great majority of Academy members are interested in developing alternative methods of meeting patient care needs by realignment of office assistants and nurse associates as a means of improving present delivery methods.

On the basis of the information gathered in this survey, the American Academy of Pediatrics believes that steps should be taken to develop programs to train child health personnel.

RECOMMENDATION OF THE AMERICAN ACADEMY OF PEDIATRICS CONCERNING ALLIED HEALTH PERSONNEL IN CHILD CARE

It is the official position of the American Academy of Pediatrics that a physician may delegate the responsibility of providing appropriate portions of health examinations and health care for infants and children to a properly trained individual working under his supervision.

RECOMMENDATION OF THE AMERICAN ACADEMY OF PEDIATRICS CONCERNING TRAINING PROGRAMS

The American Academy of Pediatrics recommends that guidelines for programs to train child health personnel who are not physicians be developed. Such personnel must be appropriately trained and must work under the supervision of a physician. The Academy believes that such personnel must be tested to determine their competency. Those who qualify should be given appropriate certification.

CLASSIFICATIONS

To achieve these objectives, the following classifications of additional pediatric health personnel are recommended.

Pediatric Nurse Associate

1. A pediatric nurse associate will be a registered nurse who has completed a diploma nursing program or an associate degree nursing program, or who is a graduate of a baccalaureate nursing program.

2. A pediatric nurse associate will have completed a recognized pediatric nurse associate program.

3. A pediatric nurse associate will work primarily in a physician's office, clinic or health center involved in the delivery of ambulatory health care to children.

4. A pediatric nurse associate will work under the supervision of a physician in accordance with standing orders which define her physician-dependent responsibilities.

5. A pediatric nurse associate's responsibilities may include activities which are directly related to patient care, i.e., obtaining medical and health histories, performing portions of the physical examinations, giving information and counsel, and managing health problems as determined by the physician.

Pediatric Office Assistant

1. A pediatric office assistant will have completed, when possible, at least two years of college or its equivalent* or be a graduate licensed vocational or licensed practical nurse.

2. A pediatric office assistant will have completed a recognized pediatric assistant training program.

3. A pediatric office assistant will work in a physician's office, or perform other nonhospital duties.

4. A pediatric office assistant will work under the supervision of a physician or a pediatric nurse associate.

5. A pediatric office assistant's responsibilities may include activities that aid the physician or pediatric nurse associate in patient care: obtaining medical histories, performing screening procedures such as weighing and measuring patients and hearing and vision screening, education-counselling, and other duties as determined by the physician.

Pediatric Aide

1. A pediatric aide should have completed at least high school or its equivalent.

2. A pediatric aide will usually be trained on the job by a pediatrician certified by the American Board of Pediatrics.

* Equivalency may be established through the use of standardized equivalent examinations, years of experience, comparable study, etc.

3. A pediatric aide will work under the supervision of the physician, pediatric nurse associate or a pediatric office assistant.

Additional statements attached include careful definition of health care tasks for each category of allied child health personnel, and describe training guidelines.

These statements constitute general recommendations, but because the utilization of licensed and unlicensed assistants may be additionally affected by individual state licensing statutes and medical practice acts, directors of training programs, medical societies and interested physicians should review the tasks and training guidelines in relation to their own state laws and local custom and practice.

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